

**Montana Medicaid - Fee Schedule
Dental Hygienist
January 1, 2013**

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2013 is \$31.27

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 85% of billed charges for CDT codes.

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

*Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc. Broomfield Colorado
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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
					Dental Hygienist January 1, 2013				
D0210		INTRAOR COMPLETE FILM SERIES	8/1/2011	FEE SCHED	\$62.54		018	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	8/1/2011	FEE SCHED	\$15.64		018	999	
D0230		INTRAORAL PERIAPICAL EA ADD	8/1/2011	FEE SCHED	\$7.82		018	999	
D0240		INTRAORAL OCCLUSAL FILM	8/1/2011	FEE SCHED	\$18.76		018	999	
D0270		DENTAL BITEWING SINGLE FILM	8/1/2011	FEE SCHED	\$15.64		018	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	8/1/2011	FEE SCHED	\$18.76		018	999	Adults 4 films per year
D0274		DENTAL BITEWINGS FOUR FILMS	8/1/2011	FEE SCHED	\$31.27		018	999	Adults 4 films per year
D0330		DENTAL PANORAMIC FILM	8/1/2011	FEE SCHED	\$50.03		018	999	Adults 1 film every 3 years
D1110		DENTAL PROPHYLAXIS ADULT	8/1/2011	FEE SCHED	\$46.91		018	999	Every 6 months
D1120		DENTAL PROPHYLAXIS CHILD	8/1/2011	FEE SCHED	\$31.27		018	999	
D1208		TOPICAL APP OF FLUORIDE	1/1/2013	FEE SCHED	\$15.64		018	999	
D1351		DENTAL SEALANT PER TOOTH	8/1/2011	FEE SCHED	\$25.02		018	020	First and second molars only
D4341		PERIODONTAL SCALING & ROOT	8/1/2011	FEE SCHED	\$156.35		018	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	8/1/2011	FEE SCHED	\$84.43		018	999	2 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form